

50151019

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>EW</i> | <i>32</i> | <i>4/23</i> |
| FORMALITY REVIEW | <i>KL</i> | <i>1019</i> | <i>05-31-01</i> |
| RESPONSE FORMALITY REVIEW | <i>SK</i> | <i>809</i> | <i>9-24-01</i> |

INDEX OF CLAIMS

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Rejected
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Allowed
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(Through numeral) Canceled
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Restricted
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Non-elected
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Interference
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Appeal
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Objected

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| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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4-5-
6-1-01
6-1-2
9-24-01